

Paper #18

Is Patient Satisfaction Associated with Clinical Outcomes after Osteochondral Allograft Transplantation in the Knee?

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Summary:

Satisfaction following cartilage repair procedures is seldom reported. This is the first study to investigate the association of patient satisfaction with measures of pain, function, activity level, and quality of life following osteochondral allograft transplantation in the knee.

Abstract:

Background

The association between patient satisfaction and patient reported outcomes (PROs) following cartilage repair is not well understood.

Hypothesis/Purpose: The purpose of this study was to investigate the association of patient satisfaction with pain, function, activity level, and quality of life following fresh osteochondral allograft (OCA) transplantation in the knee.

Methods

This study comprised 371 patients (396 knees) who underwent primary OCA transplantation for osteochondral lesions in the knee between 1997 and 2015. Mean patient age was 31.8 ± 11.6 years, and 62% were male. The majority of grafts (62%) were located on the femoral condyle; mean number of grafts per knee was 1.5 ± 0.8 and the median graft area was 6.9 cm² (range, 1.8 – 50 cm²). Pain, function, activity level, and quality of life were evaluated preoperatively and postoperatively using the International Knee Documentation Committee (IKDC) scores and Knee injury and Osteoarthritis Outcome Scores (KOOS). Patient satisfaction with the results of the OCA was assessed postoperatively. All follow-up evaluations occurring at one year postoperatively or later were included in the analysis, with a total of 847 follow-ups for the 371 patients.

Results

The average follow-up time was 5.5 years. Overall, the satisfaction rate was 88.1%, and this rate was constant over time. Satisfaction rates varied by diagnosis, age, sex, and anatomical location of the allograft. Mean IKDC pain, function, and total scores differed between patients who were satisfied and not satisfied (all $p < 0.001$). All KOOS subscale scores differed between those who were satisfied and not satisfied (all $p < 0.001$). Having a diagnosis of osteochondritis dissecans was the only variable that predicted which patients would be extremely satisfied with the results of the OCA, after controlling for age, sex, and anatomical location of the graft.

Conclusion

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Patient satisfaction was high following OCA transplantation in the knee, with the rate remaining constant over time. We observed a strong association between patient satisfaction and PRO measures of pain, function, activity level, and quality of life following OCA transplantation. Patients with osteochondritis dissecans had the highest satisfaction rate.